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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number. 19484961 PATENT, APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 WEATION AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Cotumn 2) SMALL ENTITY MUMBER FILED NUMBER EXTRA RATE (5) FEE (S) RATE (5) FEE (5) BASIC FEE (37 CFR 1.15(1), (0), or (d) SEARCH FEE (IN COM FREIT (IT on (wi)) **EXAMINATION FEE** (30 CER 1.16(p), (p), or (q)) TOTAL CLAIMS Q7 CFR 1.16(3) OR INDEPENDENT CLAIMS minusto. . If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.10(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART () OTHER THAN OR (Column 1) (Calumn 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT NUMBER PREVIOUSLY REMARING RATE (\$) ADDI-TIONAL RATE (S) ADDI-TIONAL AFTER EXTRA EN PAID FOR **MENDMENT** FEE (5) FEE (S) Minus Total (37 CFR 1.18(1) 66 Independent (37 CFR 1.1603) OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1,16(3) OR TOTAL TOTAL ADD'L FEE ACCOL FEE (Cotumn 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (S) ADDI-TIONAL RATE (5) ADOS-TIONAL 2516 PREVIOUSLY EXTRA ENT MENDMENT PAID FOR FEE (S) FEE (S) Total (27 CFR 1,16(2)) ENDA ОR independent CIT CTR 1,160,0 OR Application Size Fee (37 CFR 1,16(s)) FIRST PRÉSENTATION OF MARTIPLE DEPONDENT CLAIM (37 CFR 1.18(j))

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commenta on the emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Orlicer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SENIO FREES OR COMPLETED FORMS TO THIS ADDRESS. SENIO TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL ADDL FEE

OR

OR

TOTAL ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.